



ALABAMA DEPARTMENT OF REVENUE  
SALES, USE & BUSINESS TAX DIVISION  
SEVERANCE & LICENSE SECTION

P. O. Box 327550 • Montgomery, AL 36132-7550 • (334) 353-7827

Application for Act 539 Regulatory License

October 1, 2004 through September 30, 2005

LIC: 539-3 Rev. 7/04

For Office Use Only

☐ New

☐ Renewal

County \_\_\_\_\_

Applying For:

Check Appropriate Box(es)

Franchised New Motor Vehicle Dealer ..... ☐ } ..... \$10.00  
Used Motor Vehicle Dealer (Retail) ..... ☐ }  
Extra Locations (\$5.00 each) ..... \$ \_\_\_\_\_  
Total Enclosed With Application ..... \$ \_\_\_\_\_

Motor Vehicle Reconditioner ..... ☐ ..... \$10.00  
Motor Vehicle Rebuilder ..... ☐ ..... \$10.00  
Motor Vehicle Wholesaler ..... ☐ ..... \$10.00

Worthless Checks Will Result In License Revocation

For  
New Car  
Dealers  
ONLY!

Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_

1. \_\_\_\_\_  
LEGAL NAME OF BUSINESS DBA NAME

MAILING ADDRESS CITY STATE ZIP

2. Form of Organization: ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation

Provide the information below. If individual, give owner; if partnership, give partners; if limited liability company, give members; and if corporation, give officers and directors.

	NAME	SOCIAL SECURITY NO.	HOME ADDRESS & CITY	HOME PHONE
A.	_____	____/____/____	_____	(____) _____
B.	_____	____/____/____	_____	(____) _____
C.	_____	____/____/____	_____	(____) _____

3. Show exact permanent location(s):

	ADDRESS	CITY	ZIP	TELEPHONE
Primary Location	_____	_____	_____	(____) _____
Second Location	_____	_____	_____	(____) _____
Third Location	_____	_____	_____	(____) _____

4. Number of Motor Vehicles Sold during the year January 1, 2003 through December 31, 2003:

RETAIL: New Vehicles \_\_\_\_\_ Used Vehicles \_\_\_\_\_

WHOLESALE: New Vehicles \_\_\_\_\_ Used Vehicles \_\_\_\_\_

5. A. State Sales Tax Number \_\_\_\_\_  
(RETAIL ONLY)

B. Federal Employer ID Number \_\_\_\_\_

C. Date Business Began \_\_\_\_\_

D. Number of Full-Time Salespersons \_\_\_\_\_

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Approved By: \_\_\_\_\_

Bond Number: \_\_\_\_\_

W/I Date: \_\_\_\_\_

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

6. The questions in part 6 must be answered by **ALL APPLICANTS**. (Only retailers are required to have a sign.)

	Yes	No
a. Have you ever knowingly dealt in stolen vehicles or accessories? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you disconnected, turned back, or reset the odometer of any motor vehicle in violation of state or federal law since September 1, 1991? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you skipped title assignments or accepted open assignments of title or bill of sale during the last year? .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Section 40-12-395, <b>Code of Alabama 1975</b> , states in part: "Only one licensed dealer shall operate at the same place of business; provided, that a motor vehicle reconditioner or motor vehicle rebuilder may operate on the premises for which he is licensed to operate as a motor vehicle dealer." Do you acknowledge awareness of this statement? .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Regarding the location(s) listed in part 3 of this application:		
1) Is/Are the location(s) permanent and owned or leased by the sole proprietor, a partner, LLC member or the corporation as listed on the application? .....	<input type="checkbox"/>	<input type="checkbox"/>
2) Is there sufficient space to adequately display/store on each location one or more vehicles offered for sale? (Space must be exclusive.) .....	<input type="checkbox"/>	<input type="checkbox"/>
3) Does/Do the location(s) have a suitable place from which a motor vehicle dealer can, in good faith, carry on the business of a motor vehicle dealer, keep and maintain books and records necessary to conduct such a business? .....	<input type="checkbox"/>	<input type="checkbox"/>
4) Does/Do the location(s) listed in part 3 have operable telephone(s) listed with the telephone company under the name of the licensed business? .....	<input type="checkbox"/>	<input type="checkbox"/>
5) Does/Do the location(s) listed in part 3 each have the required sign designating that the location is a place of business of a motor vehicle dealer? (Retailers only.) .....	<input type="checkbox"/>	<input type="checkbox"/>

**The information provided in this application will be cross-checked for compliance with Alabama Sales Tax and Income Tax Laws.**

Under penalties of perjury, the undersigned hereby certify that all information contained in this application for a regulatory license is true and correct in every respect; furthermore, that the undersigned is/are aware of all requirements provided by Sections 40-12-390 through 40-12-400, **Code of Alabama 1975**, and is/are aware of all applicable penalties for code violations.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Signature of Principal, Partner or Officer

\_\_\_\_\_  
Signature of Principal, Partner or Officer

\_\_\_\_\_  
Signature of Principal, Partner or Officer

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Retailers only**

**Attach Photo(s) Here**

**Photo(s) must show Sign and Location labeled for each separate location.**

***A new photo is required each license year.***

**Computer generated or digital photos are not acceptable.**

# **Application Instructions For:**

## **New or Used Motor Vehicle Dealer, Motor Vehicle Reconditioner, Motor Vehicle Rebuilder, and Motor Vehicle Wholesaler**

Use the application form for the current year. These instructions are for the application for the fiscal year beginning October 1, 2004, and ending September 30, 2005. If these dates are not preprinted on your application, it is the wrong application form for the license year. Current applications are available from the county probate offices.

Begin by inserting the county in which the primary business is located in the blank on the right side, near the top.

Check the appropriate box(es) for the business category for which you are applying. Definitions of these categories are on page 3 of this booklet. Note that all new and used motor vehicle dealers are required to show their state sales tax number at item 5A and provide photos of each location, in accordance with the sign and photograph requirements on page 6.

There is a \$5.00 charge for each location after the first one. If you will have more than one location, calculate the fee for additional locations, and enter that amount in the space for "Extra Locations."

Add the \$10.00 license fee for each business category for which you are applying to the fee for extra locations. Show this total on the line titled "Total Enclosed with Application." Your check for that amount should be made payable to the **Alabama Department of Revenue** and attached at the top of the application.

All new motor vehicle dealers must provide the name of the manufacturer with whom they are franchised, and the name of each line of new motor vehicles to be dealt.

### **Item Instructions:**

**Part 1.** Show the legal name of the business. For an individual, show the owner's full and true legal name. For a partnership, limited liability company or corporation show the exact name of the business from the organizational records.

Give the name under which business will be conducted. This is the name by which customers and the public will know the business, and the name that will appear on all required signs.

Show the mailing address to be used by the Alabama Department of Revenue for correspondence purposes.

**Part 2.** Check the form of the organization: Individual (proprietorship), Partnership, Limited Liability Company, or Corporation.

In A through C supply the full and true legal name, social security number, home address (no P.O. Box) and telephone number of all individuals responsible for the business, including the business owner, all partners, all members of a limited liability company and all officers and directors of a corporation. Extra pages can be attached, if needed.

**Part 3.** Show the exact permanent place where the business will be primarily located, and the exact permanent place of each additional business location as well as the telephone number for each location. If the address assigned by the post office is not sufficient to identify the exact location of the business, a hand-drawn map should be attached to the application for each such location.

The map should have sufficient detail to show the location. (For Motor Vehicle Retail Dealers, photographs of signs at each location are required.)

**Part 4.** Enter the numbers of new and used motor vehicles sold in the period January 1, 2003, through December 31, 2003. If the correct answer is zero, enter 0. Do not leave these spaces blank.

**Part 5. A.** All Motor Vehicle Retail Dealers are required to have a sales tax number and the number must be in the name of the business named in Part 1. The regulatory license will not be issued without a sales tax number. Enter the sales tax number exactly as issued by the Alabama Department of Revenue. [Information about obtaining a sales tax number is available by calling (334) 242-1170.]

**B.** Fill in the Federal Employer Identification Number, if applicable.

**C.** Enter the original date the business began or is expected to begin.

**D.** Enter the present number of full-time salespersons including self; if 0 enter 0.

**Part 6.** Items A through E must apply to all of the undersigned jointly and individually. Simply check the appropriate squares for each statement.

Complete the Certification.

a. Enter the name of the business from Part 1.

b. One officer who is authorized to sign on behalf of a corporation must sign and date the application. Applications filed for all other organizations must be signed by each individual required to be listed in Part 2.

c. All applications must be signed and sealed by a Notary Public. The individual notarizing the signatures can not be one of the individuals required to be listed in Part 2 of the application.

### Check List Before Mailing

- ✓ Check (Made Payable to  
Alabama Department of Revenue)
- ✓ Completed Application
- ✓ Bond and Power of Attorney with All required  
signatures/seals or if renewing license, a Department  
approved continuation certificate
- ✓ Photo(s) of Sign and Location (Label Each Location)
- ✓ Properly dated Certificate of Insurance

### Mailing Address

Alabama Department of Revenue  
Sales, Use & Business Tax Division  
Severance & License Section  
P.O. Box 327550  
Montgomery, AL 36132-7550

### Physical Address

Gordon Persons Building  
Room 3103  
50 North Ripley Street  
Montgomery, Alabama 36104

Telephone  
(334) 353-7827